

NATO's job, but the alliance should favor any policy shift that would reduce the calls on its military might.

Europe, and the world, needs something more than SWAT teams and untrained verifiers.

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#### SOME QUALIFICATIONS

Here is the OSCE's job posting for the Kosovo Verification Mission. Words in bold are as they appeared in the ad, along with the phrase, "POSTS ARE OPEN UNTIL FILLED".

**ESSENTIAL:** Several years experience in the area of work; knowledge of written and spoken English; computer literacy (Microsoft applications); excellent physical condition with no chronic health problems that limit physical activity; possession of a valid driver's license and capability to drive standard transmission vehicles; ability to establish contact and develop confident relations with local population as well as the ability to work with government officials and institutions; flexibility and adaptability to difficult living conditions; willingness to be deployed in different Field Offices; ability to perform in a crisis environment.

**DESIRABLE:** Knowledge of local languages; prior experience in peacekeeping, international operations, or another international organization.

### VETERANS' COMPENSATION EQUITY ACT OF 1999

#### HON. LANE EVANS

OF ILLINOIS

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 12, 1999*

Mr. EVANS. Mr. Speaker, today, I am introducing H.R. 1764, the "Veteran's Compensation Equity Act of 1999". This legislation will provide more equitable treatment to approximately 100,000 older veterans who receive service-connected disability compensation and who are also eligible to receive retirement pay based upon their military service.

Under current law, the amount of military retirement pay received by a military retiree is reduced on a dollar-for-dollar basis by the amount of service-connected disability compensation the military retiree receives. This reduction in military retirement pay when the military retiree is in receipt of service-connected disability compensation is intended to prevent dual compensation. The notion of dual compensation is erroneous. Service-connected disability benefits are paid to compensate a veteran for an injury or illness incurred or aggravated during military service. Retirement benefits are paid to provide an income to military retirees who have spent at least 20 years of their lives working for and serving our country as members of the Armed Forces. These two programs are completely different and payments made by these programs should not be considered duplicative.

This treatment of military retirees is simply inequitable. A veteran receiving service-connected disability compensation could become eligible for civil service retirement pay based on his or her subsequent work as a civilian employee of the federal government. This individual, unlike the military retiree, can receive the full amount of both of the retirement ben-

efit which has been earned and the service-connected disability compensation for which he or she may be eligible.

The "Veteran's Compensation Equity Act of 1999" will reduce and then eliminate the reduction in military retirement benefits for veterans who are entitled to both military retirement pay and service-connected compensation benefits. This bill will limit the reduction in military retirement pay to 50 percent when the military retiree attains age 65. The reduction in military retirement pay would be completely eliminated when the retiree reaches age 70.

Retired military personnel who were fortunate enough to have emerged from military service unscathed receive military retirement pay, but do not qualify for service-connected disability benefits. In many cases, these retirees are able to earn additional income through non-military employment and thereby accrue Social Security or other retirement income benefits. These retirement benefits are not reduced by receipt of service-connected disability benefits.

Military retirees who were not so fortunate, are required to forfeit all or a portion of their military retirement pay in order to receive service-connected compensation benefits due to illnesses or injuries that were incurred or aggravated during their military careers. These veterans, as a result of their service-connected medical conditions, face diminished employment possibilities and, therefore, a diminished ability to earn additional income through non-military employment. They therefore lose the opportunity to accrue Social Security or other retirement income benefits.

In general, Social Security disability benefits received by retirees are offset by monies received under state Worker's Compensation laws. However, the Social Security statute provides that this offset ends when the worker attains 65 years of age. Furthermore, while recipients of Social Security benefits who earn income have their Social Security benefits reduced as a result of their earnings, this offset is reduced at age 65 and eliminated entirely at age 70.

While all veterans who are subject to the concurrent receipt offset are unfairly penalized, my bill would begin to rectify the injustice which falls most heavily on our older veterans. This bill will promote fairness and equity between military retirees and Social Security retirees by reducing the amount of this offset by 50 percent at age 65 and eliminating it entirely at age 70.

Military retirees who have given so much to the service of our country and suffered disease or disabilities as a direct result of their military service do not deserve to be impoverished in their older years by the concurrent receipt penalty.

I commend Mr. BILIRAKIS, an original cosponsor of this bill, for his efforts to address the problems caused to our military retirees by the statutory prohibition on concurrent receipt of military retirement pay and benefits from the Department of Veterans Affairs. I urge my other colleagues to support this bipartisan effort to promote fairness for our Nation's older military retirees.

SELMA GOMEZ—WHITE HOUSE  
FELLOW FOR 1998-1999

#### HON. ILEANA ROS-LEHTINEN

OF FLORIDA

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 12, 1999*

Ms. ROS-LEHTINEN. Mr. Speaker, I am pleased to congratulate my constituent, Ms. Selma Gomez of Miami, Florida for her service as a prestigious White House Fellow for 1998-1999.

The daughter of Cuban refugees in Miami, Ms. Gomez has an outstanding record of academic achievement, business leadership and community service which made her well qualified for this high honor. She earned four degrees from Harvard University including a PhD in decision sciences and has taught at the University of Miami's engineering department. In addition to extensive community service, Dr. Gomez also excelled in the business world as the president and founder of Applied Consulting Services Corp. after serving as a senior manager at KPMP Peat Marwick LLP.

Assigned to the State Department, Dr. Gomez specialized in the critical Y2K issue. She has traveled around the world on fact-finding missions regarding the Y2K problem, as well as representing our nation at the G-8 Year 2000 Working Group and the Year 2000 meeting of international Y2K coordinators at the United Nations. A leading highlight of her fellowship was briefing Secretary of State Madeleine Albright and other top State Department officials on Year 2000 Challenges and Responses.

I am honored to recognize Selma Gomez for her outstanding work as a White House Fellow. Her service in this position makes all of us in South Florida very proud.

### INTRODUCING LEGISLATION TO STOP FINANCIAL HEMORRHAGE OF NATION'S PREMIER TEACH- ING HOSPITALS

#### HON. CHARLES B. RANGEL

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

*Wednesday, May 12, 1999*

Mr. RANGEL. Mr. Speaker, I am today introducing legislation to stop the cuts in Medicare's indirect medical education (IME) program. Identical legislation is being introduced in the Senate today by Senator MOYNIHAN of the Senate Finance Committee.

IME payments are extra payments made to teaching hospitals for the fact that they are training the next generation of doctors, and that the cost of training a young doctor—like any apprenticeship or new person on the job—is more expensive than just dealing with experienced, older workers. The young person requires mentoring, orders more tests, and makes mistakes unless closely supervised. It is natural that a group of young residents in a hospital will reduce a hospital's efficiency and increase its costs. Medicare should help pay for these extra "indirect" costs, if we want—as we surely do—future generations of competent, highly skilled doctors.

The Balanced Budget Act took the position that the extra adjustment we pay a hospital per resident should be reduced from 7.7 percent in FY 1997 to 5.5 percent in FY 2001.